

# PART B - FEE(S) TRANSMITTAL

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**Ellen K. Marsh** (Depositor's name)  
*Ellen K. Marsh* (Signature)  
11-20-02 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/073,138	05/05/1998	YUTAKA KAWAKAMI	2026-4124US3	7367

**TITLE OF INVENTION:** MELANOMA ANTIGENS AND THEIR USE IN DIAGNOSTIC AND THERAPEUTIC METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	11/20/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUFF, SHEELA JITENDRA	1642	530-328000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  
(A) Government of the United States of America, (B) Rockville, Maryland  
Represented by the Secretary, Department of Health and Human Services

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☒ government

4a. The following fee(s) are enclosed:

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**Carol Larcher, Reg. 35,243** 11/20/02

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